

CVD in men, and the 95% CI was much wider but still significant in women. Subjects with high risks and non-abdominal obesity with risk clustering aside from abdominal obesity will drop out when the waist-circumference definitions are raised.

Our study has several limitations. First, the annual emigration rate (1.5%) is relatively higher than that in rural areas. Second, about 10% of the subjects who underwent a baseline examination did not respond to our questionnaires afterward. We found no clinical background difference between participants and non-participants, because the main denial reason for participation in this study was not health problems. The frequencies of MetS according to NCEP-ATPIII modified by Asian criteria were 19% and 21% for participants and non-participants, respectively ( $\chi^2$  test  $p=0.09$ ). In this study, the main reasons for emigration included job transfer, but not health problems.

In conclusion, the current prospective study for a general urban population showed that MetS, as defined by the Japanese criteria, was associated with CVD in women and middle-aged men; a stronger association was found when the NCEP-ATPIII definition modified by the Asian obesity criteria was applied. The number of MetS components may be more strongly associated with CVD incidence than the essential waist-circumference criteria.

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